



# LOS ANGELES COUNTY COMMISSION ON HIV

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## Comprehensive HIV Plan (CHP) Task Force Meeting Notes March 1, 2016

### Attendees:

COMMISSIONERS	CoH STAFF	DHSP STAFF	PUBLIC
AJ King, Co-Chair	Cheryl Barrit, Executive Director	Janice Casil	Jason Brown
Terry Smith (Co-Chair)	Claire Husted, Consultant	Pamela Ogata	Katja Nelson
Edd Cockrell	Dawn Mc Clendon		
Kevin Donnelly			
Susan Forrest			
Bridget Gordon			
Grissel Granados			
Brand Land			
Miguel Martinez			
Kevin Stalter			
Will Watts			

### General Discussions

Division of HIV and STD Programs (DHSP's) plan to end AIDS was acknowledged, leading to the questions of

- How does the plan inform the CHP? and
- How to integrate both plans?

### Data Summit

The Data Summit workgroup will reconvene to continue its planning of the Data Summit now that the 2014 HIV/STD Surveillance Report has been published.

- The purpose of the Data Summit will be to increase the capacity of the Commission and educate them on the terminology of the data.
- The Data Summit is scheduled for Friday, April 29, 2016 at St. Anne's Maternity Home, Foundation Conference Room.
  - The Summit will cover an Epi 101 for the morning and an interactive training of the 2014 HIV/STD Surveillance Report for the afternoon. Should additional data become available, specifically the cluster data, it will be presented as well.

### Epidemiology Update

- Consultant, Claire Husted, will primarily utilize the 2014 HIV/STD Surveillance Report data to populate the Epidemiology section of the CHP since other data, specifically cluster information, is not currently available.
- Ms. Husted reported, per DHSP, the clusters have not been finalized. Therefore cluster data is not available for inclusion in the CHP at this time.
  - Janice Casil of DHSP is reshaping data to
    1. Create variables, i.e. co-infections
    2. Convert data into DHSP's mapping system.

- The process will be completed by the first week of April; however, the information will go through DHSP's approval process before it is made available to the Commission.
- An estimated date of when the data will be available to the Commission can be established during the Executive Director's meeting with DHSP on Monday, March 7, 2016. The meeting will include other data requests and/or deliverables from the Commission, to include but not limited to:
  1. Cluster data
  2. Continuum of care subpopulation definitions,
  3. LACHNA, and
  4. A one-month snapshot of linkage to care data.

Note: If the cluster data is not received timely for inclusion in the CHP, the data will be incorporated in future CHP update reports. The CHP is a living document and updated information can be provided when available.

Ms. Husted reminded the Task Force (TF) that there is additional data that has not been made available to inform the CHP, including but not limited to:

1. Map/Cluster
2. Demographic areas
3. Geographical burden by Service Planning Area (SPA)
4. Behavior
5. HIV Care Continuum subpopulations definitions
6. Linkage to Care
7. PrEP/PEP Cascade

#### Needs, Gaps and Barriers Update

Ms. Husted reported on the Financial Resources Inventory Spreadsheet; a draft version was included in the packet. After review of the information, the Task Force made the following inquiries, comments and/or recommendations in response:

- Determine how much grant funds are allocated for HIV Testing now that HIV testing is funded by all health plans;
- Revise the inventory spreadsheet to organize service information by categories *and* agencies. This should provide detailed data on how much is being allocated to each service category, by agency.
- Specify Part-A funded agencies and their respective awards;
- Include Community Based Agencies (CBA) providers: As a suggestion to calculate how much grant monies are allocated to these agencies, pool all of the funds received nationally by CBA providers and divide by twelve, which represents the high impact/hot spot areas. However, it was later suggested that CBAs not be included as they are not a jurisdictional resource.
- Include SAMSA's HIV programs
- Include Veteran Affairs: Claire will follow up.
- Include PrEP/PEP. Claire will follow up on the availability of the information.
- Break down HOWPA resources by jurisdiction, i.e. Los Angeles, Long Beach and Pasadena: Claire will follow up with Terry Goddard for more information.
- Include Board of Supervisors' initiatives concerning HIV-related matters.
- Include the County's Department of Mental Health
- Include the County's Substance Abuse Prevention and Control (SAPC) grant monies related to HIV services, if trackable

Ms. Husted noted that the inventory does not include Net County Cost (NCC), Medicare or private insurance information.

#### Workforce Capacity Assessment

The CHP includes a Workforce Capacity Assessment component.

Ms. Husted reported that she requested information from the Black AIDS Institute (BAI) who conducted a national assessment and published their findings. It was noted the BAI presented their study, specific to Los Angeles County, at a prior Commission meeting. The presentation will be forwarded to Ms. Husted.

Ms. Husted suggested that a survey tool for providers be developed to administer the assessment. The following was decided.

- How the survey would be developed,
  - 1. Multi-phase survey tool, to include
    - Front line staff, i.e., HIV testers/counselors, ADAP enrollment workers, PrEP/PEP navigators, MCC teams, in first phase;
- Who would be the target audience and
  - 1. Administer survey to an equal number of prevention and care representatives to ensure parity;
- What information the survey should capture
  - 1. Include cultural competency-related questions in the survey
  - 2. Assess quality of workforce and not just quantity
    - Utilize our Standards of Care, a baseline, to develop framework to assess quality
  - 3. Consider head count versus volume: ratio w/ caseload

#### Community Engagement Workgroup

The workgroup is progressing on its planning of the listening sessions. Although waiting on a budget, it was determined that there will be three listening sessions conducted in April and May, with focus on undocumented, youth, aging and women of color populations; there will only be one SPA-based session which will be in SPA 1. It was suggested that the Commissioner(s) who represent SPA 1 be asked to participate in the planning and/or facilitate the session along with the Operations Committee. The first session will address the undocumented and will take place in April; date to be determined.

There will be 15 participants per session. DHSP will provide \$25 gift card incentives to each participant. The workgroup has reached out to various Commissioners and community members to facilitate the sessions. However, it was suggested that a Spanish-speaking facilitator be utilized for the undocumented and women of color sessions versus hiring an interpreter; the spirit of what is being said sometimes gets lost in translation. Cheryl Barrit will assist in locating a Spanish-speaking facilitator and will assist the workgroup in its planning efforts.

The workgroup drafted preliminary survey questions which will be presented, along with a more comprehensive report on its planning efforts at their meeting at 1pm.

It was noted that there will be additional listening session scheduled after the CHP is finalized. The workgroup intends to take the final CHP "on the road". This would advance the Commission's overall outreach and training efforts.

The TF decided to switch the times of the CHP TF and the Community Engagement workgroup to better coordinate planning activities. Therefore, beginning in April, the Community Engagement workgroup will meet 10am-12pm and the CHP TF will meet 1-3pm.

#### Goals and Objectives Workgroup

The TF decided to reconvene the workgroup in March now that the 2014 HIV/STD Surveillance Report has been published. The information contained in the report is sufficient to inform the Goals and Objectives workgroup's activities.

#### Revised CHP Timeline







The TF determined that a full CHP will be submitted in September 2016, with supplemental updates submitted on an ongoing basis as new data is received. As a result, the co-chairs proposed the following revised timeline:

April 5, 2016:	Epidemiology Overview d
June 21, 2016:	First draft of CHP to PP&A for review/approval
June 27, 2016:	First draft of CHP to Executive Committee for review/approval
July 14, 2016:	Final draft of CHP to Commission meeting for 30-day public comment
August 11, 2016:	Edits incorporated into final draft of CHP
September 30, 2016:	CHP Submission

There will be all-day Commission meetings scheduled for May 12 and June 9 as a means to inform, educate and update the Commission and community on the CHP planning activities. In the interim, the TF will continue to build capacity via the Data Summit and other opportunities.

The revised timeline was unanimously approved by the TF and forwarded to Commission for final approval.

**Action Items:**

-  Revise financial resource inventory spreadsheet as discussed
-  Develop draft survey questions for Workforce Capacity Assessment component
-  Reconvene Data Summit Workgroup
-  Reconvene the Goals & Objectives Workgroup in March
-  Community Engagement Workgroup and Operations Committee continue to collaborate on SPA 1 Listening Session planning
-  Switch meeting time of CHP TF with the Community Engagement Workgroup.
  - The Community Engagement Workgroup will now meet from 10am to Noon on the first Tuesday of the month.
  - The CHP TF will now meet from 1pm to 3pm on the first Tuesday of the month.